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TO:	FROM:
Name: Examiner David Reip	Name: Thomas H. Martin, Esq.
Firm: Patent & Trademark Office	Phone No.: 703-818-3261
Fax No.: 703-746-3310	No. of Pages (including this): 45
Subject: USSN: 09/618,566, filed 7/17/00 Gary K. Michelson, M.D. ANTERIOR CERVICAL PLATING SYSTEM, INSTRUMENTATION, AND METHOD OF INSTALLATION Our Ref: 101.0056-03000 Customer No. 22882	Date: August 29, 2002 Confirmation Copy to Follow: No

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on August 29, 2002.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0056-03000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/618,566

Filed: July 17, 2000

For: ANTERIOR CERVICAL PLATING SYSTEM,
INSTRUMENTATION, AND METHOD OF
INSTALLATION

Art Unit: 3731

Examiner: D. Reip

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Assistant Commissioner for Patents
Washington, D.C. 20231

TECHNOLOGY CENTER 3700

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	221	-	221	0	LG=\$18 SM=\$9	\$18 \$ 0
INDEPENDENT CLAIMS FEE	7	-	7	0	LG=\$84 SM=\$42	\$84 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A fee in the amount of \$_____ to cover the additional claims fee is enclosed.
- ☐ A fee in the amount of \$_____ to cover the ***-month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: August 29, 2002

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Transmittal of Amendment.DOC

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